

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Line Art Hill
 Town of _____
 or _____
 City of Miami No. 7 Line Art Hill St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

BUREAU OF VITAL STATISTICS

State Index No. 180^a

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 752

Local Registrar No. _____

2. Full name of child Junieta Teeple (If child is not yet named, make supplemental report, as directed)

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth March 24, 1906
 Month Day Year

8. FATHER
 Full name Robert James Teeple

14. MOTHER
 Full maiden name Ruth Jeanette Beck

9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

15. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 31 (Years)

16. Color or race White 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Pennsylvania
 (State or country)

18. Birthplace (city or place) El Paso, Texas
 (State or country)

13. Occupation Electrician
 Nature of Industry Road work

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living _____
 (b) Born alive but now dead _____
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:45 A m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller (Physician or midwife).

Address Miami, Ariz.

Given name added from a supplemental report _____ Filed Aug 7, 1906 Local Registrar.

Month, day, year

Filed _____, 19 _____ County Registrar.

Registrar

135-324-922